



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
CONSUMER PROTECTION SERVICES

PO Box 329
TRENTON, NJ 08625-0329

RICHARD J. CODEY
Acting Governor

TEL (609) 292-5316 EXT 50552
FAX (609) 984-2792

DONALD BRYAN
Acting Commissioner

NINETY DAY INSURANCE EDUCATION WAIVER APPLICATION

Mail to Joseph A. McDougal New Jersey Department of Banking and Insurance, Office of Consumer Protection Services-Insurance Education, Trenton New Jersey 08625-0329 or Fax to (609) 984-2792.

Name: _____

Address: _____

City, State, Zip: _____

Daytime Telephone: _____ **Email Address:** _____

Type of education waiver requested:

☐ **LIFE** ☐ **ACCIDENT, HEALTH OR SICKNESS** ☐ **PROPERTY**
☐ **CASUALTY** ☐ **TITLE** ☐ **PERSONAL LINES** ☐ **BAIL**
BONDS

Reason/verification for requested ninety-day waiver:

☐ Equivalent college courses taken. Attach transcript of insurance course showing college credits.

☐ New Jersey admitted attorney requesting the waiver of Prelicensing education for authority to transact Title insurance. Attach current certificate of good standing issued by the clerk of the New Jersey Supreme Court.

I certify that the information on this application and any attachment is correct. I understand that I am responsible to take and pass the licensing examination and that the Department of Banking and Insurance does not supply study material. I understand the waiver is only valid for the ninety days during which time I can take the examination multiple times.

Applicant's signature

Date